

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			C		D		E	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		01	1		1			
2		1		1		1	02		1		1		
3		1		1		1	03		1		1		
4		2		2		2	04		2		2		
5	1		1		1		05	1		1			
6		2		2		2	06		2		2		
7		0		4		4	07		4		4		
8		0		4		4	08		4		4		
9		0		4		4	09		4		4		
10		0		4		4	10		4		4		
11		0		4		4	11		4		4		
12		1		4		4	12		4		4		
13		0		4		4	13		4		4		
14	1		1		1		14	1		1			
15		1		1		1	15		1		1		
16		1		1		1	16		1		1		
17		2		2		2	17		2		2		
18	10		1		1		18	1		1			
19		2		2		2	19		2		2		
20		0		0		0	20		4		4		
21		0		0		0	21		4		4		
22		0		0		0	22		4		4		
23		0		0		0	23		4		4		
24		1		1		1	24		4		4		
25		0		0		0	25		4		4		
26		4		4		4	26		4		4		
27		4		4		4	27		4		4		
28							28						
29							29						
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43							43						
44							44						
45							45						
46							46						
47							47						
48							48						
49							49						
50							50						
TOTAL IND.	4		4		4		TOTAL IND.	4		4			
TOTAL DEP.	33		54		54		TOTAL DEP.	72		72			
TOTAL CLAIMS	37		58		58		TOTAL CLAIMS	76		76			

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. U.S. DEPARTMENT OF COMMERCE
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